2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 09, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000024220

1. Entity Name
ST. JOE COASTAL PROPERTIES, LLC

Principal Place of Business	Mailing Address
208 MONUMENT AVE. PORT ST. JOE, FL 32456	P.O. BOX 280 PORT ST. JOE, FL 32457

DO NOT WRITE IN THIS SPACE

02272006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-0381671

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BARLOGA, SCOTT B ESQ
220 MCKENZIE AVE.
PANAMA CITY, FL 32401

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	WARRINER, DAVID
STREET ADDRESS	P.O. BOX 280
CITY-ST-ZIP	PORT ST JOE, FL 32457
TITLE	MGRM
NAME	BROWN, DAVID
STREET ADDRESS	P.O. BOX 280
CITY-ST-ZIP	PORT ST JOE, FL 32457
TITLE	MGRM
NAME	CARROLL, LARRY K
STREET ADDRESS	2551 JENKS AVE.
CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	MGRM
NAME	PICKETT, RONALD B
STREET ADDRESS	P.O. BOX 280
CITY-ST-ZIP	PORT SAINT JOE, FL 32457
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/20/06-80050-021 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ 3/6/06 850-227-1114
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #